

**Summary of Information from the  
Massachusetts Department of Mental Retardation (DMR)  
Public Forums to Discuss the Home and Community Based Services  
(HCBS) Waivers**

**Overview**

- DMR held 8 forums across the state during the months of July and August 2006.
- Two forums were held in each of the regions: Central/West, Northeast, Southeast, and Metro.
- Approximately 860 people attended the sessions
- The forums were designed to provide:
  - 1) A basic understanding of Home and Community Based 1915 ( c ) Waivers;
  - 2) Information regarding the current DMR HCBS waiver for adults;
  - 3) Information on the development of additional waivers: autism, a children's waiver and supports waivers for adults: and
  - 4) To receive input from participants on issues pertaining to the development of new waivers including services to be provided to adults and children, provider qualifications and certification, Medicaid enrollment; and paying relatives or legal guardians to provide waiver covered services. Fact sheets on these topics were developed and distributed at the forums and posted on the DMR website.
- An email address was also established for people to submit comments: [dmrmawaiver@pcgus.com](mailto:dmrmawaiver@pcgus.com) and those comments are reflected in this summary.
- A presentation was also done for the Board of Mass Advocates Standing Strong.

As noted above, the forums were well attended and participants provided lively dialogue, which included numerous comments on each of the topic areas. The information which follows is a summary of the input received, and while not a verbatim transcript of each session, it does represent the diversity of views expressed.

**The adult HCBS Waiver should include the following services:**

- ✓ More supported employment opportunities
- ✓ Parenting training for people with mental retardation who have children
- ✓ Sexuality Education for individuals and families
- ✓ Social relationship training
- ✓ Transitional living services (from family home to living in a community setting)

- ✓ More transportation services-increased access and availability
- ✓ Recreational activities
- ✓ Basic life skills training (cooking, laundry etc)
- ✓ Respite in and out of home including overnight (provide families an opportunity for trips)
- ✓ Training and support for persons who would like to self-direct some or all of their services
- ✓ Community integration services
- ✓ Transitional services from school to work
- ✓ Supported employment
- ✓ Education and advocacy training
- ✓ The option to self direct services regardless of an individual's service needs
- ✓ Training and education for parents on a variety of topics including disability specific information and/or information on DMR services and supports
- ✓ Services for people with mental retardation who are aging or have Alzheimer's or related conditions
- ✓ More intensive supports for people with high behavioral or medical needs
- ✓ Day Habilitation services-Comments on this topic also ranged greatly and included: continue the service as is, eliminate the service as a State Medicaid Plan option, concerns about the size of existing programs, and hold further discussions on how any changes would impact recipients and providers.
- ✓ Services which support adults who continues to live in their family home
- ✓ Specialized services for adults with autism
- ✓ Services should support community inclusion

**The children's HCBS waiver should address the issues raised below and include the following services:**

- ✓ Flexible family support dollars
- ✓ Respite (in and out of home)
- ✓ Continue a state funded only program since most families will not meet the financial eligibility standard for Medicaid (300% of SSI)
- ✓ Continue state funded cash stipends to families
- ✓ A high degree of concern was expressed about the impact that a new waiver would have on the existing family support services
- ✓ Families would like to see the current family support system maintained and expanded as appropriate
- ✓ Services or supports for siblings
- ✓ Provision of essential therapies (including: speech, physical, chiropractic and hippo therapy)

- ✓ Clarification on how a DMR children's waiver would interface with the Kaileigh Mulligan program or with some one who receives support through the DOE-DMR project were also discussed. Children who are enrolled in the DOE-DMR project would not also be enrolled in a DMR children's waiver.

**Comments on the 'waiver mandate' i.e. -having adults obtain Medicaid eligibility and maintain it:** (This would not apply to individuals who are competitively employed, enrolled in CommonHealth, or to children)

- ✓ Seems reasonable if individuals have assistance on how to establish appropriate trusts for some of their resources
- ✓ As long as this does not include the parents income and resources

**Comments on what services can be delivered by non-traditional providers:** (These are providers who do not typically have a contract with DMR; examples are a taxi company or a person's neighbor)

- ✓ Peer role models
- ✓ Job Coaching
- ✓ Transportation
- ✓ Respite
- ✓ Recreation
- ✓ Social supports

**Comments on the training and qualifications that should be required for non-traditional providers:**

- ✓ The comments received included the polar opposite views of: 1) Individuals should have CORI's; and 2) Individuals do not need CORI's. If the family selects the person they accept the liability. Although the majority of those commenting were most in favor of a CORI being completed on everyone, and DMR continuing its current practice of requiring the completion of a CORI.
- ✓ Schools and Special Olympics CORI all volunteers and workers.
- ✓ People also proposed that DMR explore the ability to review other available data bases to obtain background information that could be useful in assuring the safety of individuals served
- ✓ DMR should provide basic training such as First Aid, CPR to all providers
- ✓ Training on the requirements and mechanisms for reporting abuse and neglect
- ✓ The ISP team should decide the training requirements based on what the person is hired to do. This would require that the team specifies the

- training in the ISP, and designates who will complete the training, and that there is documentation that the training was actually completed
- ✓ The requirements should be realistic but not overly burdensome or no one will be interested in being a non-traditional provider
  - ✓ Comments on the minimum age requirements to be a non-traditional provider also ranged from: 1) Individuals should be at least 14 years of age (this is the age when working papers can be obtained and the individual can be paid for work); to 2) Individuals should be 18 years old (the age at which a CORI can be completed and the person can legally enter into a contract).
  - ✓ The minimum age requirement for peers/students involved in Best Buddies is 14 years.
  - ✓ Training requirements should vary based on the needs of the person receiving the services.
  - ✓ Training requirements should be the same for everyone who is a non-traditional provider regardless of the nature of the services they are providing.
  - ✓ Mirror new Mass Health Personal Care Attendant requirements
  - ✓ Training and qualification should be the same as for traditional providers
  - ✓ DMR should certify all non-traditional providers
  - ✓ The family should determine if the person is qualified
  - ✓ Qualifications should be specified in the ISP
  - ✓ Concerns were expressed that use of non-traditional providers will be used to dilute the quality of the service system.
  - ✓ Need to develop a quality assurance mechanism
  - ✓ Recommend that training be ongoing

**Comments received regarding whether or not relatives and/or legal guardians (excluding spouses and parents of minor children) should be paid to provide any specific HCBS waiver services and the circumstance under which this should be permissible included:**

- ✓ Yes, they are the people who know the individual the best.
- ✓ Yes, but they should have a CORI check to insure the safety of the individual.
- ✓ Yes, this could mean a person could remain home longer if the family were paid for providing daily support.
- ✓ Could be a benefit that when a caregiver does not show-up and the family steps in and provides the needed service.
- ✓ With regard to the decision of appropriateness the comments again varied from: 1) The ISP team should decide if this is in the best interest of the individual being served; to 2) the DMR should decide if it is appropriate for the person to provide the service.

**Other Important Information provided by the presenters at the forum included:**

**Waiver Eligibility**

- Must meet DMR Eligibility
- Must be Medicaid Eligible (in the right category)
- Must elect to receive services in the community
- Must meet Level of Care requirements, For adults MA DMR uses the MASSCAP tool
- Must have an ISP or Family Support Plan
- Must have a Service Coordinator
- Must be served by a Qualified Provider

For people currently enrolled in the adult HCBS waiver a Plan of Care is sent along with the approved ISP document.

State Medicaid Plan services (Mass Health) includes most medical services such as: physician and dental services, speech, physical and occupational services. These services must be accessed through this benefit as they are not waiver services.

DMR's annual budget appropriation is set by the Legislature and DMR uses that money to pay for all services. DMR utilizes HCBS waivers to meet federal revenue targets set for the department by the State legislature and to meet the requirement to maximize receipt of federal revenue. The federal dollars received are returned to the State Treasury.

**Proposed Waiver Development Timelines**

- Autism waiver-very small in size: submitted in early Fall, 2006
- Children's waiver-limited number of slots: submitted by December 2006
- Adult Supports waivers submitted no later than December 2006
- Renewal of Adult 24 hour services waiver (current DMR waiver expiring June 30, 2006) submitted no later than January 2007.
- New waivers are approved for 3 years; renewals are approved for 5 years.